

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/936732

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12	0		/			
13	0		/			
14	0		/			
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18	0		/			
19	0		/			
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22	0		/			
23	0		/			
24	0		/			
25	/		/			
26	/		/			
27	/		/			
28	3		/			
29	8		/			
30	0		/			
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49						
50						
TOTAL IND.	2		3			
TOTAL DEP.	30	↓	29	↓		↓
TOTAL CLAIMS	32		32			

	*		*		1*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS